

**Department of Intellectual and Developmental Disabilities
Quality Assurance Review
for
Independent Support Coordination Services**

Domain 1. Access and Eligibility			
Outcome 1A: The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.			
Indicators	Results	Guidance	Comments
1.A.6. The provider has an understanding of how the person can appeal adverse decisions regarding services and participation in the HCBS waiver program and makes the written policy regarding appeal processes available as needed to persons served.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency maintains evidence that staff, individuals and their families are given information on applicable appeal policies.</p> <p>The ISC agency maintains current copies of the applicable appeal policies.</p> <p>The ISC agency appoints a designee who is familiar with the appeals process and assists individuals and families with questions and concerns.</p> <p>The ISC agency maintains evidence of efforts to assist in the appeals process.</p> <p>The ISC agency knows how to assist the individual with filing applicable appeals.</p> <p>The ISC agency educates families of children about services provided by the Early and Periodic Screening and Diagnostic Testing program.</p> <p><i>Provider Manual reference: 2.17.; 2.16.d.; 3.11.a.(2)</i></p>	
*1.A.8. ISCs support the person (assisted by family members) to exercise choice and facilitate access to selected services.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has a process to ensure the following:</p> <ol style="list-style-type: none"> 1. The Freedom of Choice form was appropriately completed and signed by the participant or his/her guardian or conservator, which specifies that choice was offered between waiver services and 	

		<p>institutional care. (SP – a.i.e.1.);</p> <p>2. The Waiver Participant's record contained documentation that the service recipient or guardian/conservator, as applicable, was provided with a list of waiver services. (SP – a.i.e.4.);</p> <p>3. The Waiver Participant's record contains documentation that the service recipient or guardian/conservator, as applicable, was provided with a list of available qualified providers (SP – a.i.e.5.).</p> <p><i>Provider Manual reference: 4.7.c.</i></p>	
Domain 2. Individual Planning and Implementation			
Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.			
Indicators	Results	Guidance	Comments
*2.A.3. Pre-planning activities are performed prior to the planning meeting.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency ensures pre-planning activities are completed by ISCs as required, including:</p> <p>1. Providing information to the person and / or the person's legal representative about the planning process.</p> <p>2. Completion of required preplanning activities including information gathering, identifying and requesting assessments, reviewing assessment information and recommendations, review of the previous year's ISP, developing and distributing a draft ISP, arranging the planning meeting.</p> <p>3. Reviews of service recipient rights and responsibilities including appeal rights, right to choice of providers, Title VI, and complaint resolution procedures.</p> <p><i>Provider Manual reference: 2.4.c.; 2.6.; 2.7.; 3.11.a.-c.; 4.7.; 4.8.7); 10.1.; 10.3.a., b.; Chapter 11; 12.7.; 12.10.d.; 12.9.a.; 12.12.; 13.8.; 13.10.a.; 14.2.d.; 14.3.b.; 14.5.d., e.; 15.2.; 15.3.e., f.; 15.4.; 15.5.</i></p>	

<p>*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan.</p>	<p> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> </p>	<p>The ISC agency implements a process to ensure information is gathered as a part of preplanning activities and recommendations or findings from current assessments can be seen or reflected in the ISP.</p> <p>The ISC agency utilizes a process that assures its staff understand the risk assessment process and their responsibilities and have an understanding of potential risk factors and their implications for the people they support.</p> <p>The provider develops and implements a system to ensure that the Risk Assessment Process, including RIITs, and RAPT, is completed.</p> <p>The ISC agency implements a system to ensure the following:</p> <ol style="list-style-type: none"> 1. ISP development included a uniform needs assessment. (SP - a.i.b.1); 2. ISP development included a risk factor assessment (RAPT). (SP - a.i.b.2); 3. The ISP development included a medical assessment, where applicable (SP - a.i.b.3). <p><i>Provider Manual reference: 3.5.; 3.6.; 3.7.; 3.8.; 3.9; 3.9.b; 3.11.a.5; 3.12.; 4.7.a; 4.12.; 10.1.; 10.3.; 10.3.a.; Chapter 11; 12.3.b.; 12.3.d.; 12.7.; 13.8.; 13.9.; 13.9.a.; 13.10.; 13.12.b.; 14.3.d.; 14.5.h.; 15.2.; 15.3.f.-h.</i></p>	
<p>*2.A.5. The plan includes individualized supports and services to address the person's needs.</p>	<p> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/> </p>	<p>The ISC agency implements a process to ensure ISC staff demonstrate competency when writing the plan. This includes review to ensure the ISP is complete, accurate, current, and meets all DIDD requirements.</p> <p>The ISC agency implements a system to ensure the following:</p> <ol style="list-style-type: none"> 1. The ISP accurately describes the participant's desired outcomes, assessed needs, and preferred lifestyles as identified in preplanning activities (SP - a.i.b.6); 2. The ISP accurately indicates the current services and supports required to meet 	

		<p>identified needs (SP - a.i.b.7.);</p> <p>3. The ISP accurately indicates the current amount, frequency and duration of waiver services received (SP - a.i.b.8.);</p> <p>4. ISPs have functional outcomes (SP - a.i.a.1.);</p> <p>5. ISPs have action steps applicable to each of the outcomes specified (SP - a.i.a.2.);</p> <p>6. ISP action steps are written in measurable terms (SP - a.i.a.3.).</p> <p><i>Provider Manual reference: 3.10.a-c., b.; 3.12.g.-i.; 3.19.; 3.20.; 3.21.; 3.22.; 9.1.; 10.1.; 12.7; 12.8.; 13.12.b.; 13.13.; 15.2., 15.3.; 16.3.</i></p>	
*2.A.7. The ISC develops and distributes the initial plan and annual updates in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency implements a system to ensure the following:</p> <p>1. The ISPs are reviewed and revised as needed before the annual review date (SP - a.i.c.1.).</p> <p>2. Logs or other documentation kept by the ISC provider show that ISPs or annual updates are distributed within prescribed timeframes.</p> <p><i>Provider Manual reference: 1.7.a.; 3.10.a., b.; 3.10.d., e.; 3.15.; 3.19.; 3.20.; 3.21.; 3.22.; 4.7.e.; 10.1.; 13.12.b.; 13.13.</i></p>	
Outcome 2B. Services and supports are provided according to the person's plan.			
Indicators	Results	Guidance	Comments
*2.B.1. The ISC arranges for and coordinates needed services identified in the plan in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency system of oversight ensures:</p> <p>1. Requests for services are submitted to the DIDD within prescribed timeframes. Request for services documentation (ISP amendments, etc.) is complete, accurate and submitted according to DIDD requirements;</p> <p>2. All services and supports described in the ISP are arranged and secured;</p> <p>3. Assistance is provided with identifying, locating and accessing providers of services and supports. Services and supports are arranged in a cost effective</p>	

		<p>manner; 4. DIDD services that require consideration by, or denial by, third party funding sources (Medicare, TennCare, etc.) are sought before submitting the request for DIDD services.</p> <p><i>Provider Manual reference: 3.13.; 3.14.; 3.16.; 3.19.; 3.20.; 3.21.; 3.22.; 4.7.d.; Chapter 11; 12.7.a., b.; 12.13.a., b.; 12.22.b.; 13.9.a.; 13.10.a., d.; 13.12.; 13.13.; 14.2.d.; 14.3.d.; 14.5.i.; 15.2.d.; 15.3.i.; 15.4.b.; 15.5.c.; 16.3.; 20.2.c.</i></p>	
*2.B.2. The person's plan is implemented in a timely manner.	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The ISC agency system of oversight ensures services identified in an ISP are in place and being provided according to the plan.</p> <p>Services in the plan were put into place according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP) or the person was given the right to agree to, or to appeal the delay.</p> <p><i>Provider Manual reference: 3.10.d.; 4.7.d.-f.; 4.7.h.</i></p>	
Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.			
Indicators	Results	Guidance	Comments
*2.D.3. The ISC monitors implementation of the person's plan.	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The ISC provider oversight system ensures that ISCs are monitoring in accordance with DIDD requirements, including:</p> <ol style="list-style-type: none"> 1. The Waiver Participant received services in the amount specified in the approved ISP, or by TennCare approved and documented exception (SP - a.i.d.2.); 2. The Waiver Participant received services in the frequency specified in the approved ISP, or by TennCare approved and documented exception (SP - a.i.d.3.); 3. The Waiver Participant received services in the duration specified in the approved ISP, or by TennCare approved and documented exception (SP - a.i.d.4.); 	

		<p>4. The Waiver Participant received medical exams in accordance with TennCare rules (HW - a.i.1.):</p> <ul style="list-style-type: none"> - Under 21 - EPSDT standards; - 21-64 - every 1-3 years, determined by the physician; - Over 65 – annually. <p>Issues found from monitoring activities are reported to the provider management and DIDD, as indicated, and followed to resolution.</p> <p><i>Provider Manual reference: 4.1.; 4.2.; 4.7.d.; 4.7.f.; 4.7.g.; 4.8.</i></p>	
<p>*2.D.4. The ISC ensures that the person's plan is reviewed and revised according to the required schedule or as necessary to address emerging needs.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>The ISC agency has a process to ensure that:</p> <ol style="list-style-type: none"> 1. There is ongoing communication with the person served, family and/or legal representative, planning team members and agencies that provide supports and services to assure desired or needed outcomes are achieved and issues are resolved; 2. The ISC works collaboratively with the person, their legal representative, family, members of the planning team and other providers to ensure meetings are scheduled and held as required and whenever necessary to address emerging needs, review, revise or update the plan. <p>The ISP was reviewed monthly by the ISC.</p> <p>The ISPs were revised, as applicable, by the ISC to address changing needs whenever (SP - a.i.c.2.):</p> <ol style="list-style-type: none"> 1. The action steps and outcomes change; 2. Services or service providers change; 3. There is a significant change in overall service and support needs; or 4. The ISP no longer reflects the service recipient's preferred lifestyle. <p><i>Provider Manual reference: 3.1.; 3.2.; 3.3.; 3.10.f.; 4.7.; Chapter 11.</i></p>	

2.D.8. ISC documentation meets DIDD requirements and accurately reflects the person's status.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has a process to ensure that the ISC documents all monitoring activities and significant contacts with the person or others regarding services and supports to the person.</p> <p>The ISC agency implements a system to ensure the following:</p> <ol style="list-style-type: none"> 1. The Waiver Participant had an annual LOC re-evaluation completed within 12 months of their initial evaluation or last annual re-evaluation (LC - a.i.b.1.); 2. The LOC re-evaluation was performed by a qualified evaluator, i.e. MD, RN, QMRP (LC - a.i.c.4.); 3. The correct LOC re-evaluation form was used to complete the re-evaluation (LC - a.i.c.5.); 4. The LOC criteria were accurately and appropriately applied for the LOC re-evaluation decision (LC - a.i.c.6.). <p><i>Provider Manual reference: 4.8.; 4.12.; Chapter 11; memorandum from Deputy Commissioner, 7/26/06</i></p>	
Domain 3. Safety and Security			
Outcome 3A: Where the person lives and works is safe.			
Indicators	Results	Guidance	Comments
*3.A.6. Providers resolve safety issues in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC provider oversight system ensures there is evidence that the ISC identifies, reports and monitors the person's situation related to safety issues. Issues are monitored to resolution.</p> <p>In the event of an immediate jeopardy issue, the ISC never leaves an environment until the person's safety is assured.</p> <p><i>Provider Manual reference: 19.11.a.2)</i></p>	

Outcome 3B. The person has a sanitary and comfortable living arrangement.			
Indicators	Results	Guidance	Comments
*3.B.2. The provider implements an ongoing monitoring process to assure that the person is in a sanitary and comfortable living environment.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has a system in place to ensure the person's ISC routinely monitors the maintenance of a sanitary and comfortable living environment/program site. Issues are monitored to resolution.</p> <p><i>Provider Manual reference: 4.8.; 19.11.a.2)</i></p>	
Outcome 3C. Safeguards are in place to protect the person from harm.			
Indicators	Results	Guidance	Comments
*3.C.4. The provider has developed and implemented protection from harm policies and procedures.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency develops and implements written protection from harm policies and procedures that are consistent with the DIDD Provider Manual.</p> <p>A reportable incident form is filed for every incident that is witnessed or discovered.</p> <p>Completed reportable incident forms are stored securely and confidentially in an area separate from the person's record.</p> <p>The ISC reviews each reportable incident form received and, as indicated, determines appropriate actions. e.g., meeting with the service recipient's planning team, revising the service recipient's ISP to be coordinated with the appropriate service provider(s).</p> <p>A staff person has been designated as Incident Management Coordinator and has received training approved by DIDD.</p> <p><i>Provider Manual reference: 6.5.11.; 8.2.c.; 18.2.; 18.2.a.; 18.2.b., 18.2.c.1.; 18.4.</i></p>	
*3.C.6. Potential employees are screened to ensure that known abusers are not hired.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Provider personnel records reflect that the provider has checked applicable registries prior to hiring employees, subcontracting or utilizing volunteers. The organization is responsible for</p>	

		<p>consulting the Abuse Registry, the Tennessee Sexual Offender Registry, and the TN Felony Offender List.</p> <p>No individual listed on the Abuse Registry, the Tennessee Sexual Offender Registry, or the TN Felony Offender List is allowed to volunteer or to be employed to provide direct support to individuals receiving services.</p> <p>The provider has completed background checks on all staff hired in accordance with DIDD requirements.</p> <p>The provider does not employ, retain, hire or contract with any individuals, as staff or volunteers, who meet the definition of prohibited staff in the DIDD Provider Agreement.</p> <p>Provider personnel records reflect that employment applications were complete for all applicants hired and contain reference to their involvement in any case of substantiated abuse, neglect, mistreatment or exploitation as per the current DIDD Provider Agreement.</p> <p>All employees, personnel of the provider's subcontractors and/or volunteers have in their personnel files a signed statement regarding their involvement in any case of substantiated abuse, neglect, mistreatment or exploitation, as per the current DIDD Provider Agreement.</p> <p><i>Provider Manual reference: 5.5.a.1.; 5.5.c.4.; 6.3.b.4); 6.3.b.5); 6.3.c.; 6.3.d.; 6.3.f.1.; 6.3.f.2.; 8.14.a.; DIDD Provider Agreement.</i></p>	
3.C.9. The provider records all complaints, takes action to appropriately resolve the complaints presented, and documents complaint resolution achieved.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>There is evidence that the provider has established a Complaint Resolution System which includes, but is not limited to:</p> <ol style="list-style-type: none"> 1. Designation of a staff member as the complaint contact person; 2. Maintenance of a complaint log, and 3. Documentation / trending of complaint activity. 	

		<i>Provider Manual reference: 2.10.a-b; 2.11.a-b; 6.4.; 18.1.</i>	
*3.C.10. The provider reports incidents as required by DIDD, including following timeframes and directing the report to the appropriate party.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider complies with protection from harm reporting as required by State law, DIDD requirements and any applicable court orders.</p> <p>Deaths are reported according to the DIDD Provider Manual.</p> <p>All critical incidents (i.e., abuse, neglect, exploitation, serious injury of unknown cause, death of unexplained or suspicious cause) for the waiver participant were reported (HW – a.i.11.)</p> <p><i>Provider Manual reference: Chapter 11; 18.2.a., b.</i></p>	
*3.C.12. The provider reviews incidents of staff misconduct in accordance with approved guidelines and resolves them in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider has effective procedures for reviewing and addressing incidents of staff misconduct.</p> <p><i>Provider Manual reference: 18.c.1.</i></p>	
Domain 9. Provider Capabilities and Qualifications			
Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.			
Indicators	Results	Guidance	Comments
*9.A.2. The provider complies with requirements in the provider agreement.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has a current signed provider agreement that accurately reflects services provided during the course of the survey period.</p> <p>ISC agency staff at all levels of the organization have access to and are trained in accordance with ISC provider policies and procedures, e.g. via an employee handbook.</p> <p>The provider shall not subcontract without obtaining the prior written approval of the DIDD.</p> <p>The ISC agency maintains public liability and other appropriate forms of insurance.</p>	

		<p>Provider agencies report any suspected Medicaid fraud to DIDD and the Tennessee Bureau of Investigation, per the provider agreement.</p> <p><i>Provider Manual reference: 5.5.a.; 5.7.; 5.11.; 5.10.; 6.9.; 7.1. Introduction, DIDD Provider Agreement</i></p>	
9.A.3. The provider maintains appropriate records relating to the person.	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>The provider complies with appropriate DIDD requirements related to service recipient records.</p> <p>Requirements applicable to all providers maintaining service recipient records include:</p> <ol style="list-style-type: none"> 1. Providers must implement written policies pertaining to records maintenance, including identification of the location of required components of the record and identification of staff responsible for records maintenance; 2. All service recipient records must be stored in a manner that maintains the confidentiality of the information contained by preventing inappropriate access to the records; 3. Records must be maintained by providers for a period of ten (10) years in accordance with the Department of Mental Health (DMH) licensure standards (TCA 33-4-102), whether or not the provider is licensed by DMH; 4. Providers are to maintain original documents for the services provided by employed staff; 5. Providers are to maintain copies of required documentation obtained from contracted staff and other providers; 6. Records must be maintained by the provider in a manner that ensures that the records are accessible and retrievable within a reasonable time period; 7. If records are maintained on an electronic system or electronic signatures are used, the provider follows DIDD policy. <p>Documentation is legible.</p>	

		Abbreviations are spelled out when first used.	
		<i>Provider Manual reference: Chapter 8; DIDD Electronic Records & Signature Policy.</i>	
*9.A.5. The provider has an effective self-assessment process to monitor the quality and effectiveness of the supports and services that are provided.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider's self-assessment process includes examination of the trends related to at least the following:</p> <ol style="list-style-type: none"> 1. Staff performance in assisting service recipients to complete action steps and / or progress toward outcomes; 2. Processes for updating service recipient records in a timely manner; 3. Service recipient and family satisfaction with services provided; 4. Incident, including those related to medication variances and other health and safety factors; 5. External monitoring reports for the previous twelve (12) month period; 6. Any sanctions imposed during the previous twelve (12) month period; 7. Personnel practices, including staff recruitment and hiring, staff training and staff retention / turnover; 8. Processes intended to ensure timely access to health-related intervention, such a health care appointments and follow-up activities; 9. Risk reviews; 10. Current policies including success in implementing policies/plans and the degree to which policies / plans ensured compliance with program requirements; 11. Application of the current DIDD Quality Assurance Survey Tool. <p>The provider implements its self-assessment activities as written.</p> <p>The provider evaluates its self-assessment process periodically throughout the year to monitor its effectiveness.</p> <p>The results of the internal self-assessment are made available in an understandable fashion and</p>	

		communicated timely to consumers, staff, the governing body, and others upon request.	
		<i>Provider Manual reference: 6.6.c.</i>	
*9.A.6. The provider reviews and utilizes information obtained from self-assessment activities to develop and implement an internal quality improvement process to improve supports and services.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider develops a written Quality Improvement Plan (QIP) to address the findings of all self-assessment activities. The Internal Quality Improvement Plan specifies the provider's plans for systemic improvement of identified issues and concerns and includes:</p> <ol style="list-style-type: none"> 1. Analysis of the cause of any serious issues/problems identified (serious issues/problems are those that impact multiple service recipients or those that have health and safety consequences requiring medical treatment of one or more service recipients); 2. Development of observable / measurable quality outcomes related to resolving the causal factors; 3. Establishment of reasonable timeframes for implementation of quality initiatives; 4. Assignment of staff responsible for completion of actions and achievement of quality outcomes; and 5. Modification of policies, procedures (potentially including the quality improvement plan) to prevent recurrence of issues / problems that were resolved. <p>When problems are identified, the Quality Improvement Plan is reviewed and revised to ensure for timely correction / resolution of the problem / issues.</p> <p>Provider staff at all levels of the organization have access to the Quality Improvement Plan and are aware at least of its basic components.</p> <p>There is evidence that the provider Quality Improvement Plan has been implemented at all levels of the organization.</p> <p>The provider utilizes information gained from the internal self-assessment process to implement</p>	

		change to the system of service provision. <i>Provider Manual reference: 6.6.d.; 6.6.e.</i>	
Outcome 9B. Provider staff are trained and meet job specific qualifications.			
Indicators	Results	Guidance	Comments
*9.B.2. Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider has a training process / plan that ensures that all employed and subcontracted staff and volunteers are trained in accordance with DIDD training requirements.</p> <p>The ISC agency maintains documentation in personnel files to support that all staff participated in and demonstrated competency for all DIDD required training programs.</p> <p>The ISC agency assesses the effectiveness of training programs provided by provider-employed trainers in terms of staff competency testing scores and retention/ application of information presented in the support coordination environment.</p> <p><i>Provider Manual reference: 4.4.b.; 4.4.c.; 7.4.e.</i></p>	
*9.B.3. Provider staff meet job-specific qualifications in accordance with the provider agreement.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has established written job-specific qualifications for staff at all levels of the organization.</p> <p>The ISC agency ensures that staff considered for employment are qualified based on DIDD general requirements.</p> <p>The ISC agency personnel records reflect that the provider has confirmed prior work experience, if needed, in accordance with the job qualifications.</p> <p><i>Provider Manual reference: 4.4.a.; 6.3.a.; 6.3.b.; 8.14.</i></p>	

Outcome 9C. Provider staff are adequately supported.			
Indicators	Results	Guidance	Comments
9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	The ISC agency assesses and addresses ISCs' support needs.	
*9.C.2. Provider staff receive ongoing supervision consistent with their job function.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The ISC agency has written policies and procedures related to staff performance and evaluation.</p> <p>If the agency uses subcontractors to provide services, its procedures include a mechanism for ensuring that subcontractor staff are supervised at the same level as agency-employed staff, according to an approved supervision plan.</p> <p>Supervisory staff monitor ISC caseloads and ensure they are in compliance with the DIDD provider manual.</p> <p>The ISC provider's supervision plan discusses at least:</p> <ol style="list-style-type: none"> 1. Ensuring that staff understand their job duties and performance expectations; 2. Ensuring that staff acquire the knowledge and skills needed to complete job duties and meet performance expectations; 3. Monitoring staff performance to ensure that performance issues are promptly identified and rectified by requiring or providing additional training, increased supervision, counseling, and/or appropriate disciplinary action. <p>The provider has implemented the supervision plan as written.</p> <p>The provider has a mechanism for evaluating the effectiveness of the supervision plan and for making revisions to improve effectiveness as necessary.</p> <p><i>Provider Manual reference: 4.4.b.; 4.6.; 6.6.b.; 6.6.f.</i></p>	

Outcome 9D. Organizations receive guidance from a representative board of directors or a community advisory group.			
Indicators	Results	Guidance	Comments
9.D.1. The composition of the board of directors or community advisory group reflects the diversity of the community that the organization serves and is representative of the people served.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Not-for-profit providers with out of state boards must have advisory groups composed of Tennessee residents. For- profit providers are required to have a local advisory group. Boards and advisory groups will be composed of individuals representing different community interest groups, including persons with disabilities and or family members of people with disabilities.</p> <p><i>Provider Manual reference: 6.7.a.</i></p>	
9.D.2. The members of the board of directors or community advisory group receive orientation and training sufficient to effectively discharge their duties.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Within 90 days of appointment, new members of the board are provided orientation regarding the duties and responsibilities of board members. Orientation will also include an introduction to the organization, the services it provides, an overview of its purpose, mission statement and goals and objectives.</p> <p>All board chairs will attend DIDD new provider orientation or review DIDD web-based orientation materials within ninety (90) days of assuming office.</p> <p>Advisory group members are encouraged to attend orientation that includes an overview of provider operations and a description of the duties and responsibilities of advisory group members.</p> <p><i>Provider Manual reference: for profit - 6.7.b.8); non-profit - 6.7.a.9), 10)</i></p>	
9.D.3. The board of directors or community advisory group provides active, effective and ethical guidance for the organization.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>There are provisions guarding against the development of a conflict of interest between an individual board member and the organization.</p> <p>Boards and advisory groups meet with a frequency sufficient to discharge their duties effectively, but at least quarterly.</p> <p>The non-profit board will review and, as necessary, approve, the organization's governing</p>	

		<p>documents, by-laws, policies, quality assurance surveys, and internal quality improvement plan and self-assessments on a regular basis. Financial statements are reviewed by the board quarterly.</p> <p>Minutes from meetings of boards of directors and advisory groups reflect presentation of service recipient and family input and consideration of the information presented in revising provider operational policies, procedures and plans, as appropriate.</p> <p>The board employs a chief executive officer who has been delegated the responsibility and authority to implement board approved plans, policies, etc.</p> <p><i>Provider Manual reference: 6.7.a.; 6.7.b.</i></p>	
Domain 10: Administrative Authority and Financial Accountability			
Outcome 10A. Providers are accountable for DIDD requirements related to the services and supports that they provide.			
Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DIDD requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider's system of internal financial controls provides for appropriate use of funds and documentation of such.</p> <p>Review of the ISC agency's individual waiver findings reflects the agency billed in accordance with DIDD requirements.</p> <p><i>Provider Manual reference: 4.7.g.; 20.6.</i></p>	